

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: N. Dewar et al.	
Application No.: 10/811,176	Examiner: Huson, Monica Anne
Filed: March 26, 2004	Group Art Unit: 1732
For: <b>Multi-Position Valve Pin for an Injection Molding Apparatus</b>	Attorney Docket No.: MMID 3230 CIP

**SEVENTH SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
PURSUANT TO 37 C.F.R. § 1.56**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure provisions of C.F.R. § 1.56, there is hereby provided certain information, which the Examiner may consider material to the examination of the subject U.S. patent application. The numbering of the documents is a continuation of the numbering used in the preceding Information Disclosure Statements. It is requested that the Examiner make this information of record if it is deemed material to the examination of the application.

In accordance with 37 C.F.R. 1.98(a)(2)(ii), copies of U.S. patent and patent application publications are not provided. In accordance with 37 C.F.R. 1.98(a)(2) and (a)(3), a copy of foreign patent document FP3 is provided.

No admission is made that the information cited in this Statement is, or is considered to be, material to patentability nor a representation that a search has been made (other than a search report of a foreign counterpart application or PCT International Search Report submitted herewith). 37 C.F.R. §§1.97(g) and (h).

This Seventh Supplemental Information Disclosure Statement is filed under 37 C.F.R. §1.97(b) prior to the mailing of a first Office action on the merits. Accordingly, no fee or statement is required.

Respectfully submitted,

MEDLER FERRO PLLC

A handwritten signature in black ink, appearing to read 'A. Ferro', with a long horizontal flourish extending to the right.

Date: March 23, 2006

Albert L. Ferro  
Reg. No. 44,679  
Attorney for Applicants

8607 Rockdale Lane  
Springfield, VA 22153  
(410)788-7684

Enclosures

Substitute for form 549A/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Application Number</b></td> <td>10/811,176</td> </tr> <tr> <td><b>Filing Date</b></td> <td>March 26, 2004</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Dewar et al.</td> </tr> <tr> <td><b>Art Unit</b></td> <td>1732</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>Huson, Monica Anne</td> </tr> </table>		<b>Application Number</b>	10/811,176	<b>Filing Date</b>	March 26, 2004	<b>First Named Inventor</b>	Dewar et al.	<b>Art Unit</b>	1732	<b>Examiner Name</b>	Huson, Monica Anne
<b>Application Number</b>	10/811,176														
<b>Filing Date</b>	March 26, 2004														
<b>First Named Inventor</b>	Dewar et al.														
<b>Art Unit</b>	1732														
<b>Examiner Name</b>	Huson, Monica Anne														
Sheet	1	of	1	Attorney Docket No: MMID 3230 CIP											

US PATENT DOCUMENTS					
Examiner Initial *	Cite No	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Filing Date if Appropriate

FOREIGN PATENT DOCUMENTS				
Examiner Initials*	Cite No	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document
	FP3	EP 0 739 702 A1	10/30/1995	Eastman Kodak Company

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTD-549)

\* EXAMINER Initial: if reference considered, whether or not citation is in conformance with MPEP 905. Down line, through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. 1 Applicant's unique citation designation number (optional). 2 Applicant is to place in check mark box if English language. Translation is attached.